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(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX),  
EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF  
DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

1. Una Connolly

(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of Ireland  
residing at Lissoy, The Pigeons, Athlone, County Westmeath, Ireland **TEX**

and that I am executing and signing the declaration to which this is attached as (check one):

- ☐ the administrator(trix) of  
☐ executor(trix) of the last will and testament of  
☒ legal representative (or heirs) of

Patrick Joseph Connolly

Full name of (first, second etc.) deceased or incapacitated inventor  
Ireland

Country of citizenship of deceased or incapacitated inventor  
Lissoy, The Pigeons, Athlone, County Westmeath, Ireland.

Residence of deceased or incapacitated inventor  
Lissoy, The Pigeons, Athlone, County Westmeath, Ireland.

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts which the inventor is required to state.

Date: 14/6/01

Una Connolly  
(Signature of administrator(trix), executor(trix)  
legal representative (or all heirs))

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a).

116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110

Walker O. Gibson + Morgan

This is the Last Will and Testament of me Patrick Connolly of Lissoy, The Pigeons, Athlone, Co. Westmeath. I hereby revoke all prior Wills and other Testamentary dispositions heretofore made by me.

1. If my Wife, Una Connolly survives me by 30 days I GIVE DEVISE AND BEQUEATH the whole of my estate to her and I appoint her my Executrix but if she does not survive me by 30 days the following provisions shall apply:

2.(a) I appoint my friend, Richard Gillman of Cappantymore, Meelick, Co. Clare Executor of this my Will. My Executor shall be entitled to charge all the usual professional fees and outlays in connection with the administration of my estate. I direct my Executor to pay all my lawful debts funeral and testamentary expenses.

(b) I give devise and bequeath all my property both real and personal that I may die possessed of entitled to my three children, Carmel, David and Susan as tenants in common in equal shares absolutely.

In witness whereof I have to this my Will set my hand this 9<sup>th</sup> day of November 1998.

Patrick Connolly

Signed published and declared by the Testator as and for his Last Will and Testament in the presence of us both present in his presence at his request and in the presence of each other have hereunto signed our names as Witnesses.

Witness: Sarah Anne

John Connolly  
= Sarah  
ATLone

Page 1 of 1

M. Elizabeth

Barley

The person authorised by law to perform the duties of district registrar for the district of the Counties of Offaly and Westmeath

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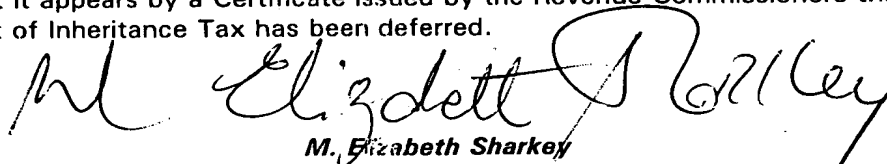
**THE HIGH COURT  
PROBATE**

***The District Probate Registry at Mullingar***

**BE IT KNOWN**, that on the 8th day of September, 2000 the last Will a copy of which, signed by me, is hereto annexed, of **PATRICK JOSEPH (IN WILL CALLED PATRICK) CONNOLLY** late of Lissoy, The Pigeons, Athlone in the County of Westmeath, Engineer deceased, who died on or about the 30th day of June, 1999 at Mater Private Hospital Dublin and who at the time of death had a fixed place of abode at Lissoy, The Pigeons, Athlone in the County of Westmeath within the District of this Probate Registry was proved, and registered in the The District Probate Registry at Mullingar and that the Administration of all the estate which devolves to and vests in the personal representative of the said deceased was granted by the Court to **UNA CONNOLLY** of Lissoy, aforesaid, Teacher, widow of the deceased the sole Executrix named in the said Will she having been first sworn faithfully to administer the same.

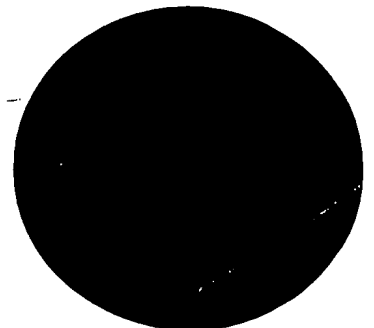
*And it is hereby certified that an Affidavit for Inland Revenue has been delivered wherein it is shown that the gross value of all the Estate of the said deceased within this jurisdiction (exclusive of what the deceased may have been possessed of or entitled to as a Trustee and not beneficially) amounts to IR£651,734.87 and that the net value thereof amounts to IR£648,362.89.*

And that it appears by a Certificate issued by the Revenue Commissioners that the payment of Inheritance Tax has been deferred.

  
**M. Elizabeth Sharkey**

*The person authorised by law to perform the duties of District Probate Registrar for the District of the Counties Offaly and Westmeath*

Extracted by Walker O' Carroll & Hogan, Athlone Solicitors  
IR£282.00



# DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY

03

ATTORNEY'S DOCKET NO.

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT PAPER CONVENTION  
FROM PROPERTY OR PROVISIONAL APPLICATIONS

I, the undersigned inventor, declare that my residence, past office address and citizenship are stated below next to my name. The information given herein is true. That I believe that I am given original, correct (if only the name is stated at 201 below), or an original, first and joint inventory of plural inventors are stated below at 201-203, or on additional sheets attached hereto of this subject and for which patent is sought on the invention entitled:

"A therapeutic bed"

which is described and claimed in:

☐ the attached specification

☒ PCT International Application No. PCT/IE99/00049

☐ the specification in application Serial No. \_\_\_\_\_

Date June 3, 1999

(if applicable) and amended on \_\_\_\_\_

And

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 35, United States Code, §112, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate filed before and have also identified below any

Prior Foreign Application(s) having a filing date before that of the application on which priority is claimed:

S98 0415

Ireland

03/06/1998

Priority Claimed

☒ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

(Number)

(Country)

(Date/Month/Year Filed)

(Number)

(Country)

(Date/Month/Year Filed)

(Number)

(Country)

(Date/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §111(b) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

Application No. \_\_\_\_\_

Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 35, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) (Registration No. ) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (23,651); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,789); MARVIN R. STERN (20,846); ALLEN S. MELSER (27,215); MICHAEL R. GLOBASKY (28,421); JONATHAN L. SCHERER (29,651); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,688); YOON S. NAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00138

**JACOBSON, PRICE, HOLMAN & STERN**  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-8888

**JACOBSON, PRICE, HOLMAN & STERN**  
PROFESSIONAL LIMITED LIABILITY COMPANY

Inventor(s) name must include at least one unabbreviated first or middle name.

1-01 2-00 200	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE

Further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

Deceased - Completed on added

DATE \_\_\_\_\_

SIGNATURE OF INVENTOR 202

C. Vijayendran

DATE 25/8/2001

SIGNATURE OF INVENTOR 203

DATE \_\_\_\_\_

Additional inventors are named on separately numbered sheets attached hereto.

3 JPHLS 1986 695; 100 (COPYING WITHOUT DELETIONS PERMITTED)